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THE DIFFERENT MODES OF TREATING DISEASE, OR THE DIFFERENT ACTION OF MEDICINE ON THE SYSTEM IN AN ABNORMAL STATE.

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[Communicated for the Boston Medical and Surgical Journal.]

It is generally admitted that while great advance has been made in Pathology during the present century, a corresponding improvement has not been made in Therapeutics. Some valuable articles have been added to the *materia medica*; the constituents of several medicines, and the physiological effects of many more, have been ascertained. In the use of medicine, the knowledge attained has been negative; that is, physicians have ascertained what medicine cannot do, rather than what it can do. The principles to guide the physician in the administration of medicine have undergone no material change since the days of Cullen. From the time of Hippocrates to the close of the 17th century, the human system was regarded as a hydraulic machine, or as a chemical laboratory, governed by mechanical or chemical laws. Disease consisted in certain changes in the blood, and the design of medicine was to restore the blood to a healthy state.

Stahl effected a great change in the science of medicine, by directing the attention of physicians to the study of the vital powers. Hoffman, and still more Cullen, made further advances in the same direction. According to Cullen, most medicines affect the system by impressions made on the nerves of the stomach; but he allowed that some medicines of minor importance operate by chemical action. The same opinions are held at the present day. It is evident that the attention of most authors of our own times has been directed chiefly to the dynamic action of medicine, while their chemical action has attracted but little attention. I hope to be able to show, before I close this paper, that there are reasons for regarding some of our most valuable medicines as chemical in their primary action.

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I begin with the statement, that all treatment of disease has for its object, 1st, a direct change in the dynamic powers, or in the tissues which are the laboratories of those powers, with a view of restoration to health or alleviation of suffering; or, 2d, a direct chemical change in the blood or tissues, and indirectly a change in the dynamic powers, with a view to restoration to health or alleviation of suffering. We have thus two classes of medical treatment—1st, the dynamic treatment; 2d, the chemical treatment.

1st. The dynamic treatment is that, as I have already intimated, which has occupied the attention of physicians of modern times; and it is by the direct exercise of the dynamic powers that nature effects her cures. Taking nature for our guide, we shall find that she adopts different modes to relieve disease; sometimes by increasing the natural excretions, chiefly from the skin, the mucous membrane of the air passages and the kidneys, and more rarely by the intestines; sometimes by an extraordinary or preternatural discharge, as hæmorrhage from the nose or womb; and sometimes by exciting another disease in another part. Giving to the self-healing powers a place by themselves, we shall have four kinds of treatment under the dynamic class. 1st, the autopathic; 2d, the homœopathic; 3d, the antipathic; 4th, the allopathic.

1st. The autopathic treatment. Autopathic, from *Αὐτός*, self, and *Πάθος*; disease cured by itself. This is "nature curing disease," synonymous with the expectant treatment of the French. The collection of symptoms by which we designate the existence of a special disease, particularly febrile and inflammatory affections, are evidently nothing more than the manifestation of the efforts being made by nature to restore the system to health. In the autopathic treatment everything is left to nature, without any attempt to aid or control it by medicine. In this treatment everything which can excite, irritate or disturb the system, must be avoided. The voluntary muscles must be freed from all effort, and an uniform warmth of the body maintained; the senses must be at rest, and the mind tranquil; the drinks mild, and as abundant as may be desired; the food sufficient in quantity, and of a quality to support the system, at the same time free from anything which may disturb the digestive organs or quicken the circulation. Such is, briefly, the autopathic treatment, and which requires nearly as much the watchfulness of the physician, as when the patient is daily drugged. If we except the exanthemata, it is not often that a case of acute disease occurs, in which this treatment is strictly adhered to. More frequently an emetic or cathartic is given at the outset, and often interposed in the course of the disease; or injections are given, baths, sponging with water, are used, or an anodyne administered at night. Consequently, little opportunity is obtained in this country, especially in private practice, to contrast this mode of practice with others. I would also remark, in this connection, that this treatment is also applicable to other cases of acute disease, in which medicines are used.

2d. Homœopathic treatment. From "*ὅμοιος* and *πάθος*"; literally, disease cured by like or similar disease. More freely, disease cured by medicines producing symptoms like to those produced by the disease itself. In this paper, the term will be used to comprehend all medicines which coöperate with nature to restore, through the natural excretions, the system from an abnormal to a normal state. The common view of homœopathy is, that it consists in treating disease with doses of medicine of infinite minuteness. This is Hahnemannism, not essentially homœopathy. The essential feature of homœopathy is not in the size of the dose, but in the power of medicine to aid nature in her curative efforts. With this view of homœopathy, all physicians adopt it in their practice. For instance, a patient is suffering from nausea and ineffectual efforts to vomit, owing to some offending substance in the stomach. We aid these efforts by giving warm water, or, if needed, by giving ipecacuanha in doses sufficient to vomit. This is homœopathic treatment. The bowels are disturbed by the presence of some offending substance. Ineffectual efforts are made to relieve them, as is manifested by rumbling and frequent small discharges. A cathartic is given, and the bowels are relieved. This is homœopathic treatment.

Again, a woman is in travail. Everything is favorable for delivery but the want of pains. Ergot is given, the womb is excited, and the child is born. This is homœopathic treatment. In these cases medicine aids the efforts of nature. In other words, the efforts of nature and the action of the medicine are similar. In the cases mentioned, large doses of medicine are usually required. On the other hand, I am persuaded that medicines which in large doses produce certain symptoms, will, in smaller doses, relieve the same symptoms, when produced by disease or disordered action. For instance:—nausea will sometimes be relieved by small doses of ipecacuanha; colocynth, which in large doses will produce colic pains, in smaller doses will relieve the same symptoms; corrosive sublimate, which in large doses will produce griping with tenesmus, frequent and small discharges of a dysenteric character—in minute doses is a medicine of great value in some forms of dysentery. Let me not be misunderstood. It is not my intention to attempt to defend homœopathy as a system complete in itself, and able to encounter disease in all its forms, nor is it my intention to advocate the use of infinitesimal doses. I am sensible of the extravagance of homœopathy as taught by Hahnemann, and as still practised by the strictest of his disciples. Still I am persuaded that there is great value in the homœopathic treatment, considered as I have defined it, as one mode of treating disease, and consequently limited in its application. I speak from experience, and can confidently say that I am not much more sure that ipecacuanha will vomit, or colocynth purge, or opium produce sleep; I am not more sure of the efficacy of calomel in the treatment of syphilis, or of cinchona in the treatment of intermittents, than I am of the efficacy of the more important of the homœopathic medi-

cines in the treatment of diseases to which they are applicable; not in infinitesimal doses, but in doses much smaller than are usually supposed to have effect.\*

In making the foregoing statement, I know that I am placing myself in opposition to a great majority of the profession, and in opposition to gentlemen, to whose opinions I have been accustomed to yield my own. But neither the weight of talents, of character or numbers, can cause me to yield the evidence of my own senses. I say what I know to be the truth, when I state that many diseases of a grave character, including most of the inflammatory affections of the chest and abdomen, and some functional derangements of the digestive organs, constituting a large portion of the cases that daily come under the cognizance of the physician, can be treated with success by the homœopathic mode.

The principle of the homœopathic doctrine having been confounded with the absurdities of the Hahnemannian practice, has not received that consideration which it deserves. I believe it presents a valuable truth, entitled to serious attention. There are two important propositions that I will present in this place.

1st. No two diseases of a similar character can exist in the system at the same time. This doctrine was taught by John Hunter, and is sustained by several facts. Examples of the same kind have been produced by other physicians.

2d. All medicines introduced into the system produce disease, some affecting a single organ, or set of organs, and being of short duration, such as ipecacuanha and castor oil; others affecting the whole system and being of longer continuance, such as opium, arsenic, mercury.

To my mind, these two propositions are of great significance. In the present imperfect state of our knowledge, it cannot be said, *a priori*, from the known symptoms or disease produced by any medicine, that this artificial disease will certainly destroy or displace another natural disease of similar symptoms. But from the laws of similar diseases, so far as they are known, it is a fair presumption that such an occurrence will sometimes take place.

In support of this opinion, I can adduce the observations of some of the most distinguished physicians, showing that the same medicines when used in excess, or in large quantities, will produce the same symptoms which, in smaller quantities, they are effectual in removing. As an example, I will mention mercury. Abernethy says, "We see the biliary secretions corrected by a few grains of mercury." "But in larger doses it never fails to irritate and weaken the constitution, and thus disorders the digestive organs." "Persons who are salivated have, as far as I have observed, the functions

\* The most important of the homœopathic remedies here referred to are aconite, belladonna, bryonia, ipecacuanha, nuxvomica, mercury, pulsatilla, veratrum. All of these, excepting mercury, I use in the form of tinctures, in doses of from half a drop to two drops. Of mercury I use the crude article triturated with sugar of milk, in proportion of ten grains of mercury to ninety grains of the sugar; of this preparation I use from two to ten grains. This will be found a very valuable medicine in aphthas of the mouth in acute ulcerations of the throat, and in many of the febrile affections of children.

of the liver and digestive organs disturbed by that process." "I cannot but think it wrong to use mercury in hepatic affections to that extent which would disorder the functions of the liver if they were previously healthy. I have known many cases, where the liberal use of mercury has completely failed, in which the functions of the liver were, even in a short space of time, restored by alterative doses of that medicine." Dr. Chapman, of Philadelphia, says that "he had seen two cases of jaundice developed during a protracted salivation for syphilis," and also states that Dr. Cheyne had noticed the same fact. The testimony of other physicians to the same effect might be produced, but what I have stated is sufficient for my purpose.\*

Arsenic: there is good authority for the use of this medicine in various diseases of the skin, for which purpose it was used by Tweedie, Eberle and Dewees. Dr. Johnson, of the *Medico-Chirurgical Review*, says that "a vesicular eruption is a very common effect of the use of arsenic." The same author says, that "of all the vesicular eruptions, certain chronic and obstinate forms of eczema of the scrotum, labia, and margin of the anus, are those in which arsenical medicines are most frequently and successfully employed." Another effect attributed to arsenic, when given during health, is the scaling of the skin, and falling off of the hair and nails. Pereira says of it, "When used in various chronic affections of the skin, particularly in scaly diseases, arsenic is one of our most valuable agents. I can confidently recommend it in lepra, having seen a large number of cases treated by it without a single failure."

Tartrate of Antimony is generally admitted to have power in pneumonia. Magendie tried the effect of this medicine on dogs. From his experiments, it appears that its principal action is on the intestinal canal and lungs. Nausea, vomiting, alvine evacuations, and difficulty of respiration, were produced by injecting it into the veins, as well as by introducing it into the stomach. Traces of pneumonic gastritis and enteritis were found after death. Magendie ascribes to it a specific power of producing engorgement or inflammation of the lungs. Moreover, it is said that the same effects have been observed in the human pulmonary organs. A case is referred to by Orfila, where a man died of apoplexy, but who, within five days of his death, had taken forty grains of tartar emetic. In his lungs were observed very irregular blackish spots, which extended more or less deeply into the parenchyma of the lungs.

Enough has been said to show that some medicines, given in small doses, cure the very diseases which they produce in larger doses. In support of this doctrine, I have produced mercury in certain diseases of the liver, arsenic in some diseases of the skin, and tartrate of antimony in diseases of the lungs; as I presume that the profession, generally, are agreed in respect to the efficacy of these

\* For the above references and those which follow, I am indebted to an article published by Dr. Peters, of New York, in an early number of the *Homoeopathic Journal*, entitled "Cleanings."

medicines respectively, in the diseases above named. I have said enough to show that the doctrine is not without support. For myself, I am persuaded that it is a valuable truth, and that it is the only satisfactory explanation that can be given of the operation of some of our most valuable medicines. Let us compare this explanation with two others of the action of medicines which are most common.

1st. A very common explanation of the action of medicines, is that which attributes to them a power of controlling the action of the heart. We often see expressions of this sort, "the medicine seemed to control the action of the heart; the pulse diminished in frequency and force." This explanation is very common. Indeed, it would seem that physicians regard the heart in the organic, as certainly it is in the spiritual system, as desperately wicked, and the occult cause of a multitude of depraved actions; and if the heart can be kept within its lawful limits, everything else will go right. But is this a correct explanation? Is the proximate course of any disease to be found in the organic action of the heart? I think not. On the other hand, the capillary system is undoubtedly the ostensible seat of all inflammatory diseases, and indeed of all diseases which are attended with increased action of the heart. The action of the heart is evidently secondary, or sympathetic. Consequently, medicine, if ever beneficial, in such cases must act first on the seat of the disease, or the capillary system; and the improvement in the action of the heart is secondary or consequential. Thus we see that this popular view of the action of medicine is entirely hypothetical, unsustained by facts. Pereira very justly says, "When we attentively watch the effects of medicines, it will become manifest that few of them excite or depress merely."

2d. Another common explanation of the action of medicines is, that they cause an altered action in the parts affected, and are therefore called alterative. Undoubtedly this is true. Medicines that produce any benefit must do this by producing altered action in the affected parts. All disease is altered action. All recovery from disease is altered action. All disease is vital action altered from normal to abnormal, and recovery is the reverse; and consequently, all medicine which aids in recovery must do it by producing altered action. But in this term altered action, do we find anything more than the expression of a fact, without any explanation of it? Pereira has been regarded by the profession as eminently a practical writer. His work on therapeutics is rich in facts drawn from all sources, without partiality to any particular system or mode of practice. In closing this part of my paper, I cannot do better than by giving the following quotations from his valuable work. "Stimulant washes," he says, "applied to the eye, sometimes cure ophthalmia. They operate, apparently, by altering the morbid action, and substituting a milder and more easily-cured disease for the one previously existing." And again, he says, "let us discard absurd hypothesis.

and for the present be content with the knowledge of the fact, that one disease, whether artificially or spontaneously generated, will often, not invariably, supersede another." I accept the whole of this passage as expressive of more than one important truth. "Not invariably" do medicines produce the effect here ascribed to them, is quite as much a truth as that they "often" do; as nature adopts different modes of relieving disease, so must the physician; and this leads me to my third division of dynamic treatment.

[To be continued.]

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#### RULES FOR THE PERFORMANCE OF IRIDECTORY IN GLAUCOMA.

[Translated, with remarks, for the Boston Medical and Surgical Journal, by HASKET DERRY, M.D.]

MANY inquiries having been recently made of me as to the proper method of performing iridectomy in glaucoma, I feel that I can do no better than to state, in his own words, a few of the principles that Professor von Graefe has laid down for the guidance of others. I will merely premise that by "external incision" is meant the cut made by the lance knife in piercing the sclerotic, and by "internal incision" the cut made at its emergence into the anterior chamber.

"1. The incisions must be disposed as excentrically as possible, so that the external incision be made in the sclerotic about half a line from the edge of the cornea, and the internal incision directly in the line of junction of the cornea and sclerotic. It is thus rendered possible to remove the iris up to its ciliary insertion, and it appears that this is necessary to, and at any rate ensures, the result. Inasmuch, moreover, as the accompanying mydriasis narrows the width of the iris, any deviation of the internal incision from the periphery of the cornea would materially diminish the size of the excised portion.

"2. As large a piece of the iris as possible must be excised, on which account either a very broad lance knife must be employed, or an ordinary one must be made to enter more deeply. This operation is in this respect quite different from the usual one for artificial pupil, such as would, for example, be performed in the case of a leucoma adhærens, where, as is well known, optical reasons cause us to prefer a pupil of small size. But the more extensive the glaucomatous process, the more marked the increase of intra-ocular pressure, the larger the portion of iris I recommend excising. The point to be selected for performing the operation is naturally immaterial. I generally excise the iris inwards; should, however, a regard for appearances dispose us to be especially scrupulous, the excision may be made upwards. The age of the patient, however, generally renders this consideration unnecessary, besides which I consider an opening in the iris made inwards of little consequence, and certainly hardly perceptible in dark eyes. The operation for removing an upper portion of the iris is, moreover, inconvenient,

and requires a more complete rotation of the bulb with the instrument used for fixation—a manœuvre that might be prejudicial to an eye excessively inflamed.

"3. Great care must be exercised in the evacuation of the aqueous humor, because in these cases a too sudden diminution of the intraocular pressure might cause extensive hæmorrhage not only among the deeper tissues, but into the chambers of the eye. It is true that the relatively greater pressure—maintained even after the evacuation of the aqueous humor—is a cause why such hæmorrhages should take place less frequently than in ordinary iritochoroiditis, with atrophy of the bulb; and, in fact, we rarely find in glaucoma effusions so extensive and so obstinately resisting absorption as in the above-mentioned class of cases. On the other hand, however, there lies, in the nature of the disease, a strong predisposition to rupture of the vessels, whether caused by a direct implication of their walls, or by the preceding venous strangulation, I shall not undertake to say. I have already called repeated attention to the occurrence of retinal apoplexies, which fact alone should induce us to exercise foresight. While the aqueous humor is being evacuated, I am careful to exercise a slight compression with the finger on the bulb, and shortly after the operation I apply to the eye a compressive bandage, which, after a few hours, I carefully loosen.

"I have found no other special treatment necessary. Even in those cases where the operation was done at the period of the most acute inflammation, the symptoms of inflammation seemed to voluntarily disappear. An exception may, however, sometimes be made in such cases, and an antiphlogistic course of treatment pursued, in order to hasten the disappearance of the inflammatory symptoms. It is hardly necessary to add that such eyes must be longer guarded from light, and the common precautions more carefully followed than in ordinary cases of iridectomy."

One single point that has not been touched, in the foregoing observations, I think of sufficient importance to allude to. In most cases, as soon as the iris has been divided by the scissors, bleeding takes place into the anterior chamber. In order to avoid the protracted process of absorption, it is important that this blood should be removed before the wound is allowed to close; and this is readily effected by placing the point of a Daviel's scoop on the edge of the external incision, and gently pressing with its back against the sclerotic. The wound is thus made to open slightly, and the blood follows of itself. I have observed that von Graefe rarely neglects this precaution.

Von Graefe, Donders and Desmarres entrust the division of the iris to an assistant; Arlt, Bowman and Critchett perform this act themselves, and the two last-named gentlemen employ spring specula for the separation of the lids, and are thus enabled to perform every step of the operation themselves. Unless we have an assistant thoroughly familiar with the proceeding, the latter seems by far the

better course, for no part of the operation demands a quicker eye or a steadier hand than the proper division of the iris. H. D.

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CASES IN COUNTRY PRACTICE.

BY JOHN ELLIS BLAKE, M.D., OF MIDDLETOWN, CONN.

[Communicated for the Boston Medical and Surgical Journal.]

NO. II.—SEVERE WOUND OF HAND AND WRIST.

THE history of a simple cut in ordinary situations would certainly hardly be worth recording; and perhaps the following case may be thought trivial; yet, even keeping in view some of the graver situations in which a surgeon, especially in the country, may be placed, I cannot but regard this case as presenting some features of difficulty.

G. S., a young man of 24 years, returning from the hay-field, in vaulting over a fence, caught the heel of his scythe, which he was carrying detached from the snathe, upon the top-rail. The blade, being thus drawn through the hand for its entire length, and pressed in by the weight of his body, inflicted a severe wound, which extended through everything, down to the integuments on the back of the wrist and the metacarpal bones, from three fourths of an inch above the pisiform bone, to the base of the first phalanx of the fore-finger. The bones of the carpus were separated by the blade, and the hand fell apart, like the body of a fowl prepared for broiling. The patient was carried to the nearest house—an isolated farmhouse, and before I could see him, had lost more blood than he could well spare. Although quite faint, the removal of the temporary bandages was attended (before the tourniquet was screwed tight enough to check it) by profuse hæmorrhage, and this of an embarrassing character. The bleeding seemed to be forward and backward, from the more superficial vessels, and upward, from between a mass of divided tendons and nerves, from the deeper arch. On consultation with a professional friend, whom I sent for, and who was my only reliable assistant, we decided to tie each divided vessel in succession, rather than to go above upon the main trunk. The doing of this was not rendered more easy or agreeable, by surrounding circumstances; the scene of action being a small bed-room, as warm as such an apartment could well be on a hot night in July, the same being crowded with sympathizing and perspiring neighbors. The best light that was obtainable was afforded by tallow candles, held by these neighbors. Notwithstanding various and annoying disappointments, we finally succeeded in ligaturing each divided vessel, including the ulnar, to the number of thirteen or more. The two parts of the hand were then brought together, and maintained in position, upon a curved splint, with water dressings. The patient, although very feeble for some time, from the excessive hæmorrhage, made, in the end, a good recovery, and has a very good use of his

hand. Passive motion was begun as soon as possible, and this, with the frequent rubbing of the parts with liniments and the like, may have contributed towards the good result.

The embarrassment that may arise from severe wounds of the palmar arches, I have since seen commented upon, several times, by those qualified to express an opinion. Dr. Valentine Mott, I believe, inculcates the principle, that, although in such cases the ligature of each little vessel may be tedious and even difficult, it should be done; and that the ligature of the main trunk is liable, in the end, to be an unsatisfactory operation, as secondary hæmorrhage will often occur, after the réestablishment of the circulation through the wounded parts.

### Bibliographical Notices.

*The Excision of Joints.* BY RICHARD M. HODGES, M.D. Boston. 1861. Pp. 204.

THIS valuable essay received the Boylston Prize for 1861, and no one can examine its well-digested and lucid pages without assenting most cordially to the award of the committee. It claims to be, and is, a full and complete synopsis of all that has been written upon this subject—a subject at the present time full of importance to American surgeons. The experience of our army surgeons is giving them many opportunities for the practice of this class of conservative operations, and the superior hospital accommodations which, as a general rule, our soldiers enjoy, seem to promise the most favorable results. This essay of Dr. Hodges, therefore, cannot be too diligently studied by the gentlemen to whom these responsibilities are entrusted. It would be a good thing if the Sanitary Commission were to publish a condensed abstract of it for the use of the surgeons in the field. The work is prepared with the greatest care and method. Beginning with the history of excisions, it goes on to a philosophical consideration of their value and adaptation to the various classes of cases in which they are likely to be employed, contrasting them with amputations, and concluding with a general summary in favor of these operations. Each of the joints is then taken in detail, and separately considered; the method of the operation, its history as employed for disease, ankylosis or injury, the after-treatment, the dissections where autopsies have been made, are all given, and the whole is summed up in a series of aphoristic conclusions. The work is enriched by the most carefully prepared tables, followed by elaborate analyses of the same, which are of great value, and concludes with a list of all the principal works and articles on excision of the joints, with a full index. We cannot too much commend the industry and good judgment of the author, who has unquestionably given to us the most condensed and complete treatise on this important subject yet written.

**Army Medical Intelligence.**

LETTER FROM SURG. GEO. B. WILLSON—MARCH FROM HAMPTON TO THE  
CAMP BEFORE YORKTOWN.

[Communicated for the Boston Medical and Surgical Journal.]

{ *Headquarters, 3d Mich. Infantry, 3d Brigade, 3d Corps*  
{ *d'Armée, Camp before Yorktown, Va., April 11th, 1862.*

MESSRS. EDITORS,—I need not recur to what had transpired up to the date of my last letter, but shall commence with our march from Hampton. Our first camp there (Camp Hamilton) was between the ruins of the late village and Fortress Monroe. On the third day we moved to a better location, on a sandy plain west of the ruins. The diarrhoeas and dysenteries produced by the Potomac water continued, and, as the weather was rainy more than half the time, there were many complaints of rheumatic pains, besides a good many catarrhal cases. While there, we sent some 12 men to the General Hospital at Fortress Monroe. One of the cases commenced with a heavy chill, lasting two hours, and succeeded by a low fever without intermission for twenty-four hours, when a great number of brownish spots appeared on different parts of the body, and he was sent to hospital, where he died the next day. This man had had a sore mouth and tender tongue for a few weeks previous, and when he left for the hospital his gums were puffy and bled easily. I suspected scurvy, but I believe that the case was reported as intermittent fever. I don't know what they called it in hospital. A great number of our men, for a month or six weeks past, have complained of a rawness of the whole mouth and throat, the middle of the tongue being peculiarly tender, and presenting a smooth raw appearance, like a tongue cleaning from the sordes of typhoid fever. This soreness of the mouth and throat was very common amongst the men, and quite hard to remove, lasting several weeks in some cases. In our new camp at Hampton (Camp Heintzelman) our men got good supplies of vegetables of every kind, and plenty of oysters and clams, which are found in great quantities around there in the bayous and creeks. The oysters are brought there in vessels and "planted" in the bayous, and taken up as the market requires. When we went there first, we bought them for one dollar a gallon, but the price was soon doubled. Since then, the sore months have greatly diminished in number.

On April 4th, the "long roll" was beaten, and the whole army—cavalry, artillery and infantry—sprung up and buckled on their armor, knapsacks, canteens, tents, &c., and began to pour forth upon the road. I may as well here give you an idea of the shelter provided us, as this is an important item in sanitary respects. Every private and non-commissioned officer, except the orderly sergeants, carries on the top of his knapsack a piece of canvass about five by ten feet in size, and having buttons or button holes on one long edge and loops on the opposite. Each of these pieces is half of a tent. At night, every two men button their two pieces together, and lay the pieces thus fastened across a little pole or stick laid on two crotches. They fasten the looped edges to the ground by wooden pins, and thus form a tent capable of sheltering two men with their "traps." These are called *shelter tents*, but they cover so little ground that when it rains the water flows in about the edges and leaves but a small space dry. Even

when they drain round the edges, if the ground is low, flat and wet, as most of it is that we have passed over, the drain fills up and the ground is frequently covered two or three inches deep with water, so that the men have often to leave them and sit up outside, round the camp fires, with their rubber or oil-cloth quilts about them. The orderly sergeants have wedge tents, much more comfortable than the shelter tents, and those are carried in the baggage wagons. The officers of the *line* have for every two companies, that is for every six of them, a wall tent of the ordinary size, viz., ten feet square. The officers of the *field* and *staff* have a similar tent for every two of their number. The commissary and quartermaster's sergeant have a wedge tent, and there is a large wall tent, or, in some regiments, a "Sibley" for a hospital. This makes up the shelter. When the wagons are delayed so as not to be able to come up at night, all those having wedge and wall tents have to do without them; and if they cannot find a house or barn, they must sleep in the open air. This was my fate on the night of the 5th.

After we got on the road, in marching order, I could not tell how other regiments in the advance or rear fared, except as I inferred from the marks left or the halts we were compelled to make, which during the first day's march were very frequent. We at no time went more than a mile without a halt, and often not twenty rods; and the halts varied in time, from five minutes to three hours in length. Towards noon and afterwards frequent attempts were made to get a cup of coffee boiled, yet few succeeded, the order to fall in compelling them to throw it away nearly every time. Then after finding that we would halt again, perhaps in forty rods, many oaths were expended. Shortly after, the march commenced, and the men began to feel tired from the frequent stoppages—falling in—halting—breaking ranks—lying down—jumping up again to fall in—standing half an hour—breaking ranks without moving forward a yard—lying down again—falling in—marching a short distance—halting half an hour—then lying down—falling in, and so on. This soon became so tiresome that the men began to throw away part of their luggage, chiefly overcoats and blankets, and it continued all that day and the next. Though there was not half of the army ahead of us, yet so general was this waste, that from four miles west of Hampton to within a few miles of this place, I did not ride forty rods in any place without passing an overcoat, a blanket, or some other garment. Many of them were nearly as good as new. After the whole army, nearly twenty miles in length, had passed, the road must have been literally covered. Though this is not a strictly medical matter, yet it has its relation to my subject, inasmuch as it tends to show that however well the men had been provided for as to clothing, they must now be in rather a poor condition to stand exposure or severe weather.

Now that you can judge of our shelter and clothing, I may add a word upon *food*. Up to our leaving Hampton, we had less or more light bread every day, but now commenced the era of "hard crackers." These I need not describe further than to say that they are about the same as *sea biscuit*, and nearly as hard as an oak barrel stave. This is the only kind of bread we have now, and with coffee (no tea), sugar, vinegar, and salt pork, forms our food. A great number of live cattle were driven along and slaughtered here and there as occasion required—so that we have had fresh beef several times; but one half of

the time we had no salt, so that it was often eaten saltless, and sometimes raw at that. When cattle are killed for beef, the entrails, with whatever tallow is on them, and the head, often with the tongue left in it, and the hide, are all left on the ground. Since taking up our position here, the plain has been strewed with the heads, hides and entrails of the slaughtered cattle, no care being taken to throw them into sinks. This will soon have to be done, should the weather become warm. If some one had teams to go around and collect the hides, and ship them, he might make thousands of dollars.

We camped the first night a mile west of Big Bethel, having only made about thirteen miles in an equal number of hours, for we did not pitch tents till near 10 o'clock. The ground was damp and flat, and one regiment of our brigade actually lay in a place so wet and soft that a horse could not get through it. Next morning the sick list was large—most of the cases new, and three fourths being chills and fever, with diarrhoea or dysentery. Some eight or ten had to be taken into the ambulances and wagons.

I forgot to mention the item of ambulance conveyance. Each regiment has one two-horse ambulance, and then to each brigade there are two four-horse ambulances. For the field, our ambulance corps is quite ample, numbering 27 men and four field stretchers. Those regiments which have no bands have only about half that number.

On the second day's march, April 5th, we made about twelve miles, through very bad roads, and the rain pouring from 10, A.M., till near 4, P.M. (The roads were excellent the first day, and the weather clear.) We reached a plain said to be two and a half or three miles from Yorktown, at about 5, P.M., and there we found that our army (the part preceding us) had branched off to the right and taken up position, their extreme right resting on York river, between Yorktown and Ship-point. We (Heintzelman's corps) pitched our tents on the plain, our regiment being located in a cotton-field. We are near the centre of the army, which is drawn up in an irregularly crescentic form, having the right on York river—Yorktown itself in front of our division, though intervening woods and a rising ground keep it from view. Close behind the woods are the enemy's works, which encompass Yorktown, and present a face of about seven miles extent in front of our army. The plain, a mile across, extends about two and a half miles from the river, between the town and Ship-point, to a place half a mile to our left. Then woods intervene, so that I cannot describe the position of the left half of our army. Our batteries have been throwing shells and exchanging shots occasionally with the enemy ever since we came here, but the shots are few and far between. None of our troops have been any way busily engaged but the sharpshooters, and they had lost four men killed and six wounded on the 6th current. Yesterday the division was moved off the plain back into the woods, the enemy having thrown several shells amongst us and fired a good many balls clear over us. We expect an engagement in about three days more. The woods where we are now located are cut up with swales, covering quite half the ground, and the other half is flat and damp, and the water we get of course is all surface water, and very bad at that.

Now I shall turn to the hospital arrangements, and the manner in which the medical force is disposed. From the lengthened preliminaries, I think you will be able to understand everything as well as if

you were here. It was first arranged, by Dr. McClure, Medical Director of our division (Hamilton's Division), that there should be one hospital for the whole division: and for that purpose several houses, one on the plain and some others on its borders, were taken possession of and put in charge of several of the surgeons. This arrangement did not work well, and when the division was moved back into the woods, the hospitals were also directed to be removed: so they accordingly moved back some two miles from their first location, to an old encampment deserted by the rebels, on which there were left a great number of very comfortable shanties. As the arrangement for a division hospital had not worked well, the surgeons of our brigade have fitted up some of the shanties for themselves, and purpose having a brigade hospital in them. All the surgeons stay back at these hospitals, and leave the assistant surgeons with the regiments. They, the assistant surgeons, are to go with the regiments in case of an engagement, but they are precluded from taking any instruments but their pocket cases with them. This virtually reduces them to the rank of mere forwarding agents, whose business on the field will only be to bandage a limb, or tie an artery, or put on a tourniquet, and stay with the wounded until the ambulances come to take them to the hospitals three or four miles in the rear. Should there be much of a battle and many wounded, it may be twenty-four hours or more before they can be conveyed back, and during that time the assistant surgeons must stand by and look on without the ability to perform any operation requiring a larger instrument than a two-and-a-half inch bistoury. They have neither bone forceps, small saw, Hey's saw, elevator, or ball extractor: so that they have their hands tied as to performing any operation in which these would be used, no matter how urgent the necessity or how long the patients may be under their care. This arrangement is an insult to the assistant surgeons, and if they consent to be so used and remain in the service longer than honor compels them to, I am much mistaken.

Now I have given you an outline of the whole proceedings, and the present position of parties and affairs. I have nothing further to write, as there is nothing being done. This letter has cleared the way, so that when I write, next time, I can proceed at once to professional matters, and deal with them alone without burdening my page with preliminary and parenthetical explanations. Trusting that I shall have something more interesting to communicate ere long, I am

GEO. B. WILLSON.

We are kindly permitted by the Surgeon General to make the following extracts from a letter from Dr. John Stearns, Jr., of this city:

*To the Surgeon-General.*

{ FLOATING HOSPITAL LOUISIANA,  
{ Cairo, Ill., 7th April, 1862.

DEAR SIR,—My position is quite an independent one. Surg. Wagner, of the Army, has charge of the boat, and manages in detail. Dr. Williams, of Alton, a volunteer surgeon, is associated with him in the same relation as myself. The boat is divided into three wards, and each is independent of the other, as at the Mass. Gen. Hospital. Dr. Wagner is from Baltimore, a very courteous and pleasant man. The Medical Director, here, is Dr. Simmons, of South Carolina. I like the service. At No. 10, we had twenty gunboat men on board, wounded

and sick, from Old Massachusetts, some of them 2d regiment men, and two from Boston. We left the headquarters of Gen. Grant's army yesterday morning, 250 miles from here, up the Tennessee. On Saturday I rode through the camp (a part of it), and New England stock everywhere stands out, and splendid fellows they are. Grant is only waiting for Buell to join him, and then good bye to Beauregard and Bragg, for there can be hardly a doubt of the result. As we returned from our ride, we met a squad of "Butternut" prisoners, taken in a skirmish the night previous, and a poorer and weaker set I never saw. Such men cannot contend with these Western braves. It would have done your heart good to see how well our men received the fellows, as they were marched in. Not an insult, not a word except of congratulation as if they had escaped from starvation—and they looked as if they had. This is chivalry. We took 250 sick to Cincinnati last week, and have 200 now, and are about leaving for St. Louis. I trust our boys are well served; but could you overlook these Western regiments and their supplies! some of them have no surgeon; many, only one. Some no stimulants, no quinia, no ammonia—everything scanty but powder and ball.

Yours truly, J. STEARNS, JR.

THE following account of the military hospitals at Newbern, N. C., is taken from the *Progress* newspaper, published at that place:—

The General Hospital at Academy Green is full of severely wounded men, and those who have undergone amputation. Two houses opposite are filled with wounded rebel prisoners, under charge of their own surgeons. The Masonic Hall (the public hall adjoining the Lodge Room) is filled with the sick of various regiments. These last two are branches of the original Academy Hospital, and are supplied from its kitchen. The best of food is furnished, excellent ventilation, good beds and kind and attentive nurses. Dr. George Derby, of the Mass. 23d, has the general supervision, assisted by Dr. Newton, Assistant Surgeon of the Conn. 10th, and by Dr. Clark, of Whitinsville, Mass., one of four surgeons recently sent by the Governor of that State. The wounded are cheerful, and speak in the highest terms of their surgical and medical advisers, accommodations and nurses.

The General Hospital, on Craven St., was fitted up by the rebels, and contains eleven wards, with about 240 beds. These wards are generally finely aired, and well ventilated. They contain both the wounded and sick patients. Under the same name—"Craven Street General Hospital"—are included the Old Fellows' Hall Hospital, in Middle St., and the Merchants' Bank Hospital, in Craven St., with about sixty beds. This whole organization is under the charge of Brigade Surgeon James Bryan, of Philadelphia, assisted by Drs. Sam'l Kneeland of Boston, D. W. C. Lathrop of Connecticut, W. H. Leonard of New York, and J. C. Batchelder of Templeton, Mass., one of the four surgeons sent by the Governor of that State. The hospital steward is H. R. Jones, Co. C, 8th Conn.; and the apothecary, John M. Davies, Orderly Sergeant Co. M, 9th N. Y. We are glad to learn that the patients are all doing very well. The hospitals have fine open yards, with plenty of ventilation and light: the wards are kept clean and sweet, and, through the assistance of the Sanitary Committee, are abundantly supplied with clean clothing, in the way of shirts, drawers, quilts, bed ticks, &c. &c. Dr. Page, the Sanitary Inspector, is

indefatigable in his department in the hospitals. We also learn that the gun-shot and other wounds heal kindly, our men being generally robust and healthy of constitution.

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### **Selections from Medical Journals.**

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PROFS. SYME AND VELPEAU ON THE TREATMENT OF FRACTURE OF THE FEMUR.—In a recent number of a Dutch medical journal a criticism of Mr. Syme's *Observations in Clinical Surgery*, by Dr. J. Van der Hoeven, has been published. We allude to it chiefly because the writer directs attention to the circumstance that Prof. Velpeau is at one with Mr. Syme as to the rationale of the treatment of fractures of the femur by means of the long splint. Mr. Syme maintains that, in the treatment of the injury, extension is unnecessary, and that the use of the long splint consists in restraining the movements of all the articulations of the limb. This opinion, as our readers are well aware, is very different from that usually entertained, but it is satisfactory to find that so high an authority as Velpeau has come to the same conclusion. Dr. Van der Hoeven quotes the following remarks made by Prof. Velpeau in reference to three cases of fractured thigh-bone, in which cures took place, with slight shortening, but without lameness resulting:—

“These three facts, taken in connection with a good many others which have come under my notice, enable me to establish a principle at variance with the opinions generally entertained. People cannot understand a difference in the length of the two lower limbs without the production of a perceptible lameness, and it is easy to read in the treatises on fractures that shortening succeeding fractures of the thigh is serious, because it may be followed by a very disagreeable result—lameness. The treatment of these fractures is conducted in conformity with these indications, and numerous forms of apparatus have been invented, or are invented every day, with the object of obviating shortening. Some are intended, it is said, to overcome the action of the powerful muscles of the thigh, to which is due the displacement of the fragments in respect to height. Others are intended to obviate the difficulties in the way of a regular coaptation. A Polish author has brought together in a monograph all these kinds of apparatus, which amounted to about two hundred, a number which has since been augmented by numerous inventors. I am far from blaming the zeal of surgeons, and the only reflection with which these attempts inspire me is, that they are unnecessary. The draggings which are to be exercised upon a thigh are not free from danger; the occurrence of sloughing under the tight bandages often makes it necessary to discontinue the traction, in itself so painful. From another point of view, the absence of limping in cases of well-marked shortening is a second counter-indication against exaggerated efforts of extension, which perhaps have never proved successful. If any surgeons were to affirm the contrary, and were to tell me that they have seen fractures of the thigh get well without shortening, I should make use of the expression of Fontenelle, ‘*Je le crois puisque vous me le dites, mais je l’aurais vu que je ne le croirais pas.*’ (I believe it since you tell me so, but I should not have believed it had I seen it myself.) And I should ask them if

they have generally seen their patients limp in whom there was shortening of the limb. If displacements of an angular character, and occasioned by rotation, can be prevented, the result is already satisfactory."—*Edinburgh Medical Journal*.

**FUCUS VESICULOSUS AS A REMEDY FOR OBESITY.**—M. Duchesne Duparc strongly recommends this plant as a means of diminishing an uncomfortable tendency to obesity. He reports three cases in which its use was attended by a decided diminution in weight, without any other appreciable effect. In one case, the loss was from twelve to fifteen pounds in about two months; in another, the diminution in weight was thirty pounds in three months; in a third, there was a decided relief from the discomfort under which the patient had long labored, but the record is incomplete. The remedy is best administered in the form of alcoholic extract, of which there may be taken as much as three or four grammes daily. Great care should be used in the collection of the fucus, as it is easily confounded with other marine plants, which are entirely inert, so far as the peculiar efficacy of the vesiculosus is concerned.

**GUAIAECUM AS A REMEDY IN DIPHThERIA.**—Mr. West Walker, in the *British Medical Journal*, strongly advises the use of guaiacum in diphtheria. He considers it particularly efficacious in combating the affection of the throat which precedes the membranous exudation and the exhaustion of the system. He gives it in combination with chlorate of potassa, and tincture of cinchona.

**TETANUS SUCCESSFULLY TREATED BY CHLORIDE OF BARIUM.**—The *Gazette des Hôpitaux* reprints from the *Italian Medical Gazette* the details of a case of tetanus, in which the chloride of barium was successfully administered. It was prescribed in the proportion of sixteen grains to a pint of distilled water, the whole to be taken in the course of twenty-four hours. At the end of the eleventh day the symptoms had nearly ceased, and the dose was reduced to eight grains a day; on the sixteenth day the medicine was discontinued, and the patient left the hospital, well, on the eighteenth day. Several other cases of tetanus are referred to, in which this remedy has been employed with success in Italy, during the past two years.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON: THURSDAY, APRIL 24, 1862.

**MINIMS OR DROPS?**—In conversation with an intelligent apothecary, not long since, we were surprised to learn how generally the medical profession, in writing their prescriptions, disregard the distinction between these two measures of quantity. In looking over a pile of prescriptions on his counter, the sign  $\mathfrak{m}$  hardly occurred in one of them. Now this may seem to be a matter of very little consequence, but it indicates a habit of inexactness which is by no means creditable. The distinction between the two is so marked, and varies so much for different liquids, that we really believe physicians would find it greatly for

their advantage to adopt the precise measure. In dealing with powerful remedies, it becomes a matter of no little importance to know precisely the amount of the dose administered; and this can never be the case if we trust to a prescription of drops, poured, it may be, from the capacious mouth of some large, dry-lipped vessel by the clumsy hands of an inexperienced apothecary's boy. The oil of bitter almonds has been strongly recommended of late as a means of destroying the offensive taste of cod-liver oil, which it does most effectually. It is about four times as strong as officinal hydrocyanic acid. Such a powerful agent, given, as it is very likely to be, to young children, in this combination, should be measured out with the utmost exactness. Our writers on *materia medica*, we find, are no more precise than our practitioners in this respect. American writers generally give the dose in drops, or sometimes in drops and in other instances in minims in the same work. English writers, on the contrary, so far as we are acquainted with them, measure the dose uniformly by minims, which is much the best way. To freshen the memory of our readers with regard to the very great difference between minims and drops with different fluids, the same phial being used for pouring, we re-print the following well-known tabular statement, by Mr. Durand, of the number of drops of different liquids equivalent to a fluidrachm:—

Acid acetic (crystallizable),	- - 120	Tincture of assafetida, of fox- }	129
Acid hydrocyanic (medicinal),	- - 45	glove, of guaiac, of opium,	
Acid muriatic, - - - - -	54	Tincture of muriate of iron - -	132
Acid nitric, - - - - -	84	Vinegar distilled, - - - - -	78
Acid nitric, diluted (1 to 7),	- - 91	Vinegar of colchicum, - - - - -	78
Acid sulphuric, - - - - -	90	Vinegar of opium (black drop),	78
Acid sulphuric aromatic, - - - -	120	Vinegar of squills, - - - - -	78
Acid sulphuric, diluted (1 to 7),	- 54	Water distilled, - - - - -	45
Alcohol, rectified spirit, - - -	138	Water of ammonia (strong), - -	54
Alcohol diluted, proof spirit, - -	120	Water of ammonia (weak), - - -	45
Arsenite of potassa, solution of,	- 57	Wine Teneriffe, - - - - -	78
Chloroform, - - - - -	260	Wine antimonial, - - - - -	72
Ether sulphuric, - - - - -	150	Wine of colchicum, - - - - -	75
Oil of aniseed, of cinnamon, of }		Wine of opium, - - - - -	78
cloves, of peppermint, of sweet }	120		
almond, of olives, - - - - }			

The difference is also very striking between the number of drops of different liquids equivalent to a fluidrachm, according as they may be poured from a pint or half-pint tincture bottle or a minim measure.

**RECOVERY AFTER SEVERE BODILY INJURY.**—Dr. Alverson, of Marengo, Iowa, reports a case of recovery, after very severe injury to the right arm and right side of the body. On the 10th of October, 1860, the patient—a boy—was caught about midway of the right fore-arm, and drawn between the cog wheels of an iron sugar mill. The extent of the injury, as seen by Dr. A., twenty hours after the accident, is thus described by him:—"The cogs followed up the muscles of the fore-arm and arm without much injury to the bone except the elbow joint. The ulna was partially dislocated backwards. After passing up to the shoulder, the cogs caught him in the axilla, passing along in a circular course, crushing the second, third and fourth ribs, also crushing the sternum, passing on to the left nipple, where it stopped, injuring only the flesh on the left breast. On the posterior wall of the chest, the scapula was perforated by three cogs, and the flesh mutilat-

ed around close to the spinal column." The patient was found with hard breathing, pulse 130, and the right lung collapsed. The flesh had closed up, leaving no opening internally. Five drops of the tincture of veratrin was ordered every four hours, a cathartic given, and the wounds dressed. Next day, pulse the same, wounds inflamed, and patient restless. Oct. 13th, pulse 140, no appearance of suppuration. 14th, pulse 120, and some symptoms of gangrene. Wounds kept wet with cold water and spirits of camphor, equal parts. 15th, pulse 130 and wiry; veratrin continued. 16th, suppuration slight; pulse 120. 17th, suppuration going on freely, and air from the wound in the sternum. Simple ointment for dressing. Air and pus continued to escape, and on the 21st nearly all the flesh from his breast had sloughed off, the heart, lungs and stomach partially exposed to view. The heart sac was plainly seen, and showed every beat of the heart. A small portion of the left lung was seen to act. The shoulder blade and parts of broken ribs also exposed to view. A weak solution of tincture of iodine, by means of a syringe, also of creosote, and an ointment of equal parts of sweet oil and beeswax, were used for three weeks, with general treatment. At the end of two months the wounds closed, and the right lung began to act. In nine months the right lung had filled out, in a great measure, the depression in the chest. Feb. 25th, 1862, the patient seemed sound and well, but with his arm a little crooked and a small spot not yet healed—also frightful scars on the arm and chest.

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VITAL STATISTICS OF MELBOURNE, AUSTRALIA.—From the number of *The Medical Record* for Nov. 24, 1861, published in Melbourne, we learn that the number of deaths in that city and suburbs for the quarter ending Sept. 30th, was 770—of which 357 were under 5 years of age, and 413 over 5 years; males 449, females 321. The population is estimated at 139,991. The mean temperature of the quarter was 51. From zymotic diseases there occurred 231 deaths, or 30 per cent.; from sporadic diseases, 103, or 13·38 per cent.; diseases of the nervous system, 109—14·16 per cent.; of the respiratory system, 170—22·08 per cent.; circulatory system, 29—3·76 per cent.; of the digestive organs, 45—5·84 per cent.; of the urinary organs, 9—1·17 per cent.; generative organs, 9—1·17 per cent.; locomotive organs, 2—·26 per cent.; integumentary system, 2—·26 per cent.; old age, 6—·78 per cent.; external causes, 50—6·49 per cent.; undescribed, 5—·65 per cent.

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SMALLPOX AND VACCINATION IN PROVIDENCE, R. I.—Dr. Snow, the City Registrar of Providence, states that no death from smallpox has occurred in that city since the 1st of March, and only four through the winter, although there were at one time more than thirty cases of smallpox and varioloid in different parts of the city. There are now only two cases known in the city, the disease having been arrested by a prompt attention to vaccination. Since the 1st of January, Dr. S. says, 1,194 persons have been vaccinated or re-vaccinated at the office of the superintendent of health, and a still larger number, probably, by physicians in private practice.

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STATE HOMŒOPATHIC SOCIETY IN NEW YORK.—In the New York Assembly, recently, at Albany, Dr. Bowen reported back, for the consideration of the

House, a bill to incorporate the State Homœopathic Society. In introducing the report, Dr. Bowen gave expression to his views of the matter as follows:—

*Mr. Speaker*,—The Committee are unanimous in giving this direction to this bill from the honorable Senate. In the few remarks which I had the honor to make before the House a few days since, when homœopathy was alluded to by an honorable gentleman, in connection with printing the Transactions of the State Medical Society for the use of each member and officer of the House, I took occasion to say that when this bill should come before us, I should make no factious opposition thereto. This is why I have agreed to the report that has just been offered; and while I thus disclaim any particular hostility to the measure, I wish to rid myself of the least seeming affiliation to what I have ever considered a sublimated species of charlatantry. Sir, it is one of those delusions, like spirit-rapping, and others of a kindred nature, which have their day, and are destined to disappear; and I challenge the most ardent of its votaries to point to one single improvement which has ever emanated therefrom, either in hygiene, medicine or surgery.

DR. W. H. CHURCH, of New York city, Medical Director of Gen. Burnside's army corps, says the *American Medical Times*, successfully ligated the external iliac artery after the battle of Roanoke Island. It is also stated that the surgeon of a New York regiment ligated the common iliac after the affair of the Merimac at Fortress Monroe.

Of the 26,265 births in Scotland during the quarter ending Dec. 31, 1861, 23,744 were legitimate, and 2,521 illegitimate, being in the proportion of one illegitimate in every 10.4 births, or 9.59 per cent. of the births as illegitimate; and corresponding closely with the results of previous quarters.

Dr. Isaac I. Hayes, commander of the late Arctic Exploring Expedition, has been nominated by the President for the post of Brigade Surgeon, and confirmed by the Senate.

**VITAL STATISTICS OF BOSTON.**  
FOR THE WEEK ENDING SATURDAY, APRIL 19TH, 1862.  
DEATHS.

	Males.	Females.	Total.
Deaths during the week, . . . . .	31	47	78
Average Mortality of the corresponding weeks of the ten years, 1851-1861, . . . . .	36.8	39.0	75.8
Average corrected to increased population, . . . . .	..	..	84.55
Deaths of persons above 90, . . . . .	..	..	..

*Mortality from Prevailing Diseases.*

Phthisis.	Chol. Inf.	Croup.	Scar. Fev.	Pneumonia.	Varicella.	Dysentery.	Typ. Fev.	Diphtheria.
13	0	1	7	6	0	0	0	1

**METEOROLOGY.**

*From Observations taken at the Observatory of Harvard College.—For the week ending April 5th.*

Mean height of Barometer, . . . . .	30.075	Highest point of Thermometer, . . . . .	81.0
Highest point of Barometer, . . . . .	30.388	Lowest point of Thermometer, . . . . .	24.0
Lowest point of Barometer, . . . . .	29.350	General direction of Wind, . . . . .	E. S. E.
Mean Temperature, . . . . .	39.2	Am't of Rain (inches), . . . . .	0.30

**PAMPHLETS RECEIVED.**—Dr. E. H. Parker's Annual Address before the Medical Society of the State of New York and the Members of the Legislature.—A Description of Dr. Lambert's newly-invented Tourniquet, for the use of Armies and Employment in Civil Life.—Advance sheets of Dr. L. Marshall's unpublished work on "The Action of the Voluntary Muscles."—Dr. W. E. Coale's Essay on Aneurism, re-published from this JOURNAL.—The Surgical Adjuvant, and Reporter of Surgical Apparatus, Artificial Limbs, &c. By E. D. Hudson, M.D., New York.

**DIED.**—In Watertown, April 15th, Hiram Hosmer, M.D., 63 years 7 months.—In Hinsdale, Dr. Benjamin F. Kittredge, one of the oldest practitioners in Western Massachusetts.

**DEATHS IN BOSTON** for the week ending Saturday noon, April 19th, 78. Males, 31—Females, 47.—Apoplexy, 1—disease of the brain, 1—bronchitis, 3—burns, 1—cancer (of the ear), 1—cholera morbus, 1—consumption, 13—convulsions, 2—croup, 1—diphtheria, 1—dropsy of the brain, 5—drowned, 1—epistaxis, 1—erysipelas, 2—scarlet fever, 7—gangrene (of the leg,) 1—disease of the heart, 1—infantile disease, 2—intemperance, 1—intussusception, 1—disease of the kidneys, 1—laryngitis, 1—congestion of the lungs, 1—inflammation of the lungs, 6—menstrual, 3—old age, 2—pertussis, 1—premature birth, 2—puerperal disease, 2—sore throat, 1—suicide, 1—unknown, 9—worms, 1.

Under 5 years of age, 39—between 5 and 20 years, 3—between 20 and 40 years, 20—between 40 and 60 years, 12—above 60 years, 4. Born in the United States, 56—Ireland, 15—other places, 7.